

A. Agency Locating Information:

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B. Statement of Need:

Health Problems to be addressed - Prince George's County (PGC) was home to the first Anthrax cases in the National Capital Region in the fall of 2001. Its close proximity to Washington, D.C., as well as military and intelligence installations such as Andrews Air Force Base, Naval Research Lab, and the National Security Agency (NSA) among others, makes the possibility of a bioterrorist act in PGC or its immediate vicinity considerably higher than other places in the U.S.

Over the last three years, PGC Health Department (HD) has made major accomplishments in bioterrorism preparedness. However, there is still an immense amount of work that needs to be done. Involvement and leadership in this active process would provide an ideal training ground for a PHPS Field Assignment as it will allow participation in all phases of the process, from county-level planning, program development, implementation and staff training, to high levels of collaboration with other County, State, and Federal Agencies who share responsibility.

Priority Populations - The priority population for this assignment are the 816,791 residents of PGC, with an emphasis on considerations to be made for special needs populations, first responders and the medical community. Since an act of bioterrorism will most likely affect our neighboring counties in Maryland as well as the four million residents of the Washington Metropolitan Region, these populations must also be considered

Key Collaborations - Collaboration within this project will involve PGC government, hospitals and the medical community; Maryland Department of Health; neighboring HD; Maryland Emergency Management Agency; Maryland Institute for Emergency Medical Services Systems; Johns Hopkins University; Red Cross; local Fire/EMS Emergency Management and Police agencies; Centers for Disease Control, HHS Office of Emergency Response and other Federal Agencies.

C. Assignment Description

Issues to be addressed by PHPS Prevention Specialist - The PHPS would first assess the present status of the county planning process as it pertains to bioterrorism (level of planning accomplished, staff training, and collaboration with other agencies). Other work would focus on design and implementation of:

- mass prophylaxis plans for special populations in PGC including the homeless, homebound and institutionalized, and the first responder community (Fire, EMS, Police),
- a rapid emergency communications plan for HD personnel, and an emergency public information and risk communication campaign for the medical community, the public and the media,
- an emergency response volunteer program to educate the community about bioterrorism and recruit and train volunteers to assist the Health Department in bioterrorism response activities, and
- appropriate training for staff and members of the medical community including bioterrorism drills and exercises.

PGC has many other public health challenges and a wide range of programs. The HD participates in two pilot syndromic surveillance systems which are still in development. The PHPS will monitor the County's surveillance data and coordinate the addition of new public health indicators to improve these systems. Additionally, the PHPS will have the opportunity to work with other programs of the HD if she/he desires to acquire experience in other areas.

Prevention Specialist's Major Activities - Coordinate all aspects of disaster planning and preparedness including collaboration with neighboring HDs, Fire/Emergency Medical Systems, State and

Federal emergency management and emergency response agencies. The goal of this project will be to develop and implement plans to accomplish a level of preparedness needed to respond to a Bioterrorism emergency.

Prevention Specialist's Level of Responsibility - The level of responsibility and autonomy can be tailored to the needs of the PHPS. At the beginning of the assignment, the PHPS will probably need close supervision and will receive broad support and assistance. The attainment of a high level of responsibility and autonomy is expected as the PHPS will eventually coordinate all aspects of bioterrorism preparedness, chair the HD's Bioterrorism Preparedness Committee, represent the HD at local, regional and State level committees and facilitate activities with other agencies.

End Products - **Mass prophylaxis plans** for 1) first responders and 2) homeless, homebound and institutionalized populations. These plans should be developed in concert and coordinated with County, Maryland State, and National Capital Region plans. These plans will detail the agencies, personnel, materials and process needed to contain and control disease outbreaks through mass immunization (Performance Requirements (PR) 3, 7, 8 and 9). **Communications.** Create or coordinate the development of public information materials for use at mass prophylaxis sites. Develop and implement rapid communications systems with hospitals, and the medical community (PR 8, 7 and 11). **Collaboration.** Develop Memorandum of Understanding and lines of communication between the HD and public safety agencies, schools, hospitals, Red Cross and other local, State and Federal agencies as needed (PR 6, 7 and 8). **Training.** Coordinate training for HD personnel and emergency response volunteers. Coordinate bioterrorism drills and exercises for HD staff and other collaborating agencies (PR 7, 8 and 9). **Surveillance.** A System for Quick Detection of a Bioterrorist Act or unusual disease occurrence providing identification of laboratories capable of timely diagnosis (PR 1, 2 and 5).

D. Organizational Structure and Supervision

Level of Organizational Commitment for the Work Assignment -The Health Officer and all HD staff are fully committed to providing complete support to the PHPS and to ensuring the successful completion of this project. The Washington/Baltimore area presents many opportunities for training through such organizations such as Johns Hopkins University, University of Maryland, and the Maryland Emergency Management Agency, and other State and Federal agencies. The Health Department will facilitate the PHPS' attendance at a wide range of local conferences and will pay for one national conference per year.

Organizational Location of Assignment - The PHPS will be working at the largest County Health Department in Maryland, lead by the Health Officer, who has more than 30 years of public health experience. The HD has 6 Divisions. The PHPS will be working under the supervision of the Director of the Division of Epidemiology and Disease Control. The work location will be the HD Headquarters Building, located in Largo Maryland, twenty miles from the White House and the Smithsonian Institutions in Washington D.C. Other key staff such as the biostatistician, epidemiologists and a public information specialist are also housed in this building, facilitating daily interaction among professionals.

Organizational Workplace Support -The HD will provide an office in the Headquarters building, a computer connected to a LAN system with access to E-mail, Internet and GIS. Secretarial support and all modern office equipment including broadcast fax machines are available.

Primary & Secondary Supervisors' Previous Supervisory & Mentoring Experiences - The primary supervisor has more than ten years of experience supervising, training and mentoring staff. She has a Master in Public Health in Epidemiology. She has worked closely in the past with EIS Officers and CDC assignees. The secondary supervisor has more than ten years of experience supervising and mentoring staff. For 10 years she has supervised the communicable disease investigation unit for the Health Department. This group conducts all county outbreak investigations and provides investigation/ follow-up for zoonotic and communicable diseases. She has extensive experience in fieldwork and recruiting, training and mentoring staff. Currently she is the Assistant Director of the Division of Epidemiology and Disease Control.